



PTO/SB/01 (08-03)

Approved for use through 07/13/2006. OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  (37 CFR 1.63)  <input type="checkbox"/> Declaration Submitted with Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted After Initial Filing surcharge) (37 CFR 1.63(e))	<b>ATTORNEY DOCKET NUMBER</b>	35635-94974
	<b>FIRST NAMED INVENTOR:</b>	Ellen-Marie Gottschalk
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	10/689,564
	<b>Filing Date</b>	October 20, 2003
	<b>Art Unit</b>	
	<b>Examiner Name</b>	

**I HEREBY DECLARE THAT:**

Each inventor's residence, mailing address, and citizenship are as stated below next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NUCLEOTIDE SEQUENCE FOR CREATININE DEIMINASE AND METHOD OF USE**

(Title of Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/20/2003 as United States Application Number or PCT InternationalApplication Number 10/689,564 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# DECLARATION - Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number <input type="text" value="23644"/>	or	<input type="checkbox"/> Correspondence address below
NAME				
ADDRESS				
CITY		STATE		ZIP
COUNTRY	TELEPHONE		FAX	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): ELLEN-MARIE		Family Name or Surname: GOTTSCHALK		
Inventor's Signature <i>Ellen M. Gottschalk</i>		Date: <i>9/21/2004</i>		
Residence: City Norten-Hardenberg	State:	Country: Germany	Citizenship: Germany	
Mailing Address: Johann-Wolf-StraBe 35a				
City: Norten-Hardenberg	State:	Zip: 37170	Country: Germany	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): GERHARD		Family Name or Surname: GOTTSCHALK		
Inventor's Signature <i>Gerhard Gottschalk</i>		Date: <i>9/21/2004</i>		
Residence: City Norten-Hardenberg	State:	Country: Germany	Citizenship: Germany	
Mailing Address: Johann-Wolf-StraBe 35a				
City: Norten-Hardenberg	State:	Zip: 37170	Country: Germany	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR are attached				

<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet	
		Page <u>3</u> of <u>3</u>	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) RUTH ANNE	Family Name or Surname SCHMITZ-STREIT		
Inventor's Signature <i>R. Schmitz-Streit</i>		Date: 9/07/04	
Residence: City Göttingen	State:	Country: Germany	Citizenship: Germany
Mailing Address: Rohnsweg 71			
City: Göttingen	State:	Zip: 37085	Country: Germany
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) KAI	Family Name or Surname THORMANN		
Inventor's Signature <i>K. Thormann</i>		Date: 9/09/04	
Residence: City Göttingen	State:	Country: Germany	Citizenship: Germany
Mailing Address: Dresdener Straße 11			
City: Göttingen	State:	Zip: 37120	Country: Germany
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature		Date:	
Residence: City	State:	Country:	Citizenship
Mailing Address			
City:	State	Zip	Country

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